Medicare Prescription Drug Coverage Personal Information Worksheet for People with Medicare & Medicaid

Use this worksheet to help you gather all of the information you need to find a Medicare drug plan that meets your needs. Please fill out as much of the information in this worksheet as possible. You may find it helpful to gather all of your prescription drug bottles and your red, white, and blue Medicare card and any other health insurance cards before you fill out this worksheet.

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. You should contact your benefits administrator for information about your current benefits before making any changes.

		Yes			
		No			
You can get Medicare prescription drug coverage in two different ways:					
	а	Medicare Advantage Plans and other Medicare Health Plans. These plans include HMC			

1. Do you currently have Medicare and Medicaid?

- a. Medicare Advantage Plans and other Medicare Health Plans. These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, through a single plan, including drug coverage. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.
- b. Medicare drug plans. These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans and Medicare Private Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

	MEDICARE HEALTH INSURANCE
	1-800-MEDICARE (1-800-633-4227) NAME OF BENEFICIARY JANE DOE
2. What is your Medicare Claim Number?	MEDICARE CLAIM NUMBER 000-00-0000-A IS ENTITLED TO EFFECTIVE DATE
	HOSPITAL (PART A) 07-01-1986 07-01-1986 SIGN HERE

3.	What is your First and Last Name?
Fir	st Name
L	st Name
Las	st Name
4	What is were date of highly
4.	What is your date of birth?
Mc	onth Day Year
	_
5.	What is the effective date (when you first enrolled) for your Medicare Part A?
	MEDICARE HEALTH INSURANCE
	1-800-MEDICARE (1-800-633-4227)
	Month Day Year NAME OF BENEFICIARY JANE DOE MEDICARE CLAIM NUMBER SEX
	AND OOO-00-0000-A FEMALE IS ENTITLED TO REFECTIVE DATE
	What is the effective date (when you first HOSPITAL (PART A) 07-01-1986 WEDICAL (PART B) 07-01-1986
	enrolled) for your Medicare Part B?
	HERE
	Month Day Year
6.	What is your Zip Code?
7.	What county do you live in?
8.	Are you interested in learning about prescription drug coverage available for you through any of
	the following:
	Medicare Advantage or other Medicare Health Plans
	Medicare drug plans
	Both
	Don't know

9.	Which drugs do you currently take? (Please also list the dosage, how many pills or doses you take
	a month and your monthly cost per drug.)

Drug Name	Dosage	30-day Quantity	Monthly Cost

10. Is there a pharmacy you prefer to 1	use :	ıse :
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YES			
	Name of Pharmacy	City, State	Zip Code
NO			

What Should I Do With My Completed Worksheet?

Once you complete this worksheet, you can use it to find a Medicare drug plan that meets your needs. Keep this worksheet with you when you:

- Meet with an outreach counselor, such as a State Health Insurance Assistance Program (SHIP) counselor or someone at your local senior center;
- Visit the <u>www.medicare.gov</u> website; or
- Call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048) to speak with a Customer Service Representative.